

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 5833

FOR OFFICE USE ONLY

REC'D JAN 16 2013

II Client Information

Name: IROQUOIS HEALTHCARE ALLIANCE

Permanent Business Address: 15 EXECUTIVE PARK DRIVE

City: CLIFTON PARK

State: NY

ZIP code: 12065

Business Phone: 518-383-5060

Fax Number: 518-383-2616

Third Party Beneficiary (see instructions): N/A

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: GARY J. FITZGERALD

Phone Number: 518-383-5060

Address: 15 EXECUTIVE PARK DRIVE

City: CLIFTON PARK

State: NY

ZIP code: 12065

Compensation for current period: \$82,382 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: ALLAN FILLER

Phone Number: 518-383-5060

Address: 15 EXECUTIVE PARK DRIVE

City: CLIFTON PARK

State: NY

ZIP code: 12065

Compensation for current period: \$30,000 .00

C Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: STACY CONNORS

Phone Number: 518-383-5060

Address: 15 EXECUTIVE PARK DRIVE

City: CLIFTON PARK

State: NY

ZIP code: 12065

Compensation for current period: \$24,279 .00

☒ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$150,411 .00**

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 72 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 4,590 .00

C Itemize each expense exceeding \$75:

PAID TO: WEINGARTEN REID & McNALLY DATE: 8 / 31 / 2012 ☐ Ad ☐ Social Event

PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 128 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: WEINGARTEN REID & McNALLY DATE: 10 / 31 / 2012 ☐ Ad ☐ Social Event

PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 176 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$4,966 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: A.O. FOX MEMORIAL HOSPITAL

or
Single Source Person's Last Name:

First Name:

Address: ONE NORTON AVENUE

City: ONEONTA

State: NY

ZIP code: 13820

Phone: 607-432-2000

Date Contribution Received: 07 / 16 / 2012 Amount of Contribution: \$ 5,591 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: ALBANY MEDICAL CENTER HOSPITAL

or
Single Source Person's Last Name:

First Name:

Address: 43 NEW SCOTLAND AVENUE

City: ALBANY

State: NY

ZIP code: 12208

Phone: 518-262-3125

Date Contribution Received: 7 / 19 / 2012 Amount of Contribution: \$ 5,647 .00

Date Contribution Received: 10 / 19 / 2012 Amount of Contribution: \$ 5,647 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person: UHS CHENANGO MEMORIAL HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 179 NORTH BROAD STREET, NORWICH, NY 13815

Entity's or Person's Phone: 607-337-4111

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/	2	/	2012	Amount of Contribution:	\$1,849	.00
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Date Contribution Received:	10	/	30	/	2012	Amount of Contribution:	\$1,849	.00
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Date Contribution Received:		/		/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: UHS DELAWARE VALLEY HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 1 TITUS PLACE, WALTON, NY 13856

Entity's or Person's Phone: 607-865-2100

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	7	/	30	/	2012	Amount of Contribution:	\$631	.00
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Date Contribution Received:	10	/	30	/	2012	Amount of Contribution:	\$631	.00
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Date Contribution Received:		/		/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☒

Contributions from Single Source #2

Related or Affiliated Entity or Person: ALBANY MEMORIAL HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 600 NORTHERN BOULEVARD, ALBANY, NY 12204

Entity's or Person's Phone: 518-471-3221

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	10	/	12	/	2012	Amount of Contribution:	\$2,078	.00
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Date Contribution Received:	12	/	28	/	2012	Amount of Contribution:	\$2,078	.00
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Date Contribution Received:		/		/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: CATHOLIC HEALTH EAST - ST. PETER'S

Entity's or Person's Full Name:

Entity's or Person's Address: 315 SOUTH MANNING BOULEVARD, ALBANY, NY 12208

Entity's or Person's Phone: 518-525-1550

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	7	/	16	/	2012	Amount of Contribution:	\$4,705	.00
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Date Contribution Received:	10	/	12	/	2012	Amount of Contribution:	\$4,705	.00
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Date Contribution Received:		/		/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☒

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated
Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both
Name: WEINGARTEN REID & McNALLY Phone Number: 518-465-7330
Address: 1 COMMERCE PLAZA, SUITE 402
City: ALBANY State: NY ZIP code: 12210
Compensation for current period: \$13,750 .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: AUBURN COMMUNITY HOSPITAL

or
Single Source Person's Last Name:

First Name:

Address: 17 LANSING STREET

State: NY

ZIP code: 13021

City: AUBURN

Phone: 315-255-7011

Date Contribution Received:	7	/2	/2012	Amount of Contribution:	\$1,930	.00
Date Contribution Received:	8	/16	/2012	Amount of Contribution:	\$1,930	.00
Date Contribution Received:	12	/3	/2012	Amount of Contribution:	\$1,930	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: BASSETT MEDICAL CENTER

or
Single Source Person's Last Name:

First Name:

Address: ONE ATWELL ROAD

State: NY

ZIP code: 13326

City: COOPERSTOWN

Phone: 607-547-3456

Date Contribution Received:	8	/1	/2012	Amount of Contribution:	\$4,349	.00
Date Contribution Received:	10	/31	/2012	Amount of Contribution:	\$4,349	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

or
Single Source Person's Last Name:

First Name:

Address: 75 BEEKMAN STREET

State: NY

ZIP code: 12901

City: PLATTSBURGH

Phone: 518-562-7000

Date Contribution Received:	7	/11	/2012	Amount of Contribution:	\$3,260	.00
Date Contribution Received:	10	/15	/2012	Amount of Contribution:	\$3,260	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: ELLIS MEDICINE

or
Single Source Person's Last Name:

First Name:

Address: 1101 NOTT STREET

City: SCHENECTADY

State: NY

ZIP code: 12308

Phone: 518-243-4000

Date Contribution Received:	8	/2	/2012	Amount of Contribution:	\$4,300	.00
Date Contribution Received:	11	/7	/2012	Amount of Contribution:	\$4,300	.00
Date Contribution Received:	12	/28	/2012	Amount of Contribution:	\$4,300	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 7**

Single Source Entity's Name: FAXTON ST. LUKE'S HEALTHCARE

or
Single Source Person's Last Name:

First Name:

Address: 1656 CHAMPLIN AVENUE

City: UTICA

State: NY

ZIP code: 13503

Phone: 315-624-6000

Date Contribution Received:	8	/3	/2012	Amount of Contribution:	\$ 3,627	.00
Date Contribution Received:	11	/16	/2012	Amount of Contribution:	\$ 3,627	.00
Date Contribution Received:	11	/16	/2012	Amount of Contribution:	\$ 18	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 8**

Single Source Entity's Name: GLENS FALLS HOSPITAL

or
Single Source Person's Last Name:

First Name:

Address: 100 PARK STREET

City: GLENS FALLS

State: NY

ZIP code: 12801

Phone: 518-926-1000

Date Contribution Received:	7	/23	/2012	Amount of Contribution:	\$3,762	.00
Date Contribution Received:	10	/15	/2012	Amount of Contribution:	\$3,762	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: OUR LADY OF LOURDES MEMORIAL

or
Single Source Person's Last Name:

First Name:

Address: 169 RIVERSIDE DRIVE

City: BINGHAMTON

State: NY

ZIP code: 13905

Phone: 607-798-5111

Date Contribution Received:	8	/	16	/	2012	Amount of Contribution:	\$3,492	.00
Date Contribution Received:	10	/	30	/	2012	Amount of Contribution:	\$3,492	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 10

Single Source Entity's Name: ROME MEMORIAL HOSPITAL

or
Single Source Person's Last Name:

First Name:

Address: 1500 NORTH JAMES STREET

City: ROME

State: NY

ZIP code: 13440

Phone: 315-338-7000

Date Contribution Received:	12	/	24	/	2012	Amount of Contribution:	\$ 5,429	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 11

Single Source Entity's Name: ST. ELIZABETH MEDICAL CENTER

or
Single Source Person's Last Name:

First Name:

Address: 2209 GENESEE STREET

City: UTICA

State: NY

ZIP code: 13501

Phone: 315-798-8100

Date Contribution Received:	9	/	4	/	2012	Amount of Contribution:	\$2,719	.00
Date Contribution Received:	12	/	10	/	2012	Amount of Contribution:	\$2,719	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: ST. JOSEPH'S HOSPITAL HEALTH CENTER

or
Single Source Person's Last Name: First Name:

Address: 301 PROSPECT AVENUE

City: SYRACUSE

State: NY

ZIP code: 13203

Phone: 315-448-5111

Date Contribution Received:	7	/	16	/	2012	Amount of Contribution:	\$5,109	.00
Date Contribution Received:	10	/	31	/	2012	Amount of Contribution:	\$4,377	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #1**

Related or Affiliated Entity or Person: UNITED HEALTH SERVICES

Entity's or Person's Full Name:

Entity's or Person's Address: 33-57 HARRISON STREET, JOHNSON CITY, NY 13790

Entity's or Person's Phone: 607-763-6000

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/23	/2012	Amount of Contribution: \$ 4,975	.00
Date Contribution Received:	11	/2	/2012	Amount of Contribution: \$ 4,975	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Single Source #2

Related or Affiliated Entity or Person: SAMARITAN HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 2215 BURDETT AVENUE, TROY, NY 12180

Entity's or Person's Phone: 518-271-3300

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	11	/16	/2012	Amount of Contribution: \$ 2,347	.00
Date Contribution Received:	12	/28	/2012	Amount of Contribution: \$ 2,347	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Related or Affiliated Entity or Person: SETON HEALTH

Entity's or Person's Full Name:

Entity's or Person's Address: 1300 MASSACHUSETTS AVENUE, TROY, NY 12180

Entity's or Person's Phone: 518-268-5000

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/13	/2012	Amount of Contribution: \$ 2,414	.00
Date Contribution Received:	11	/5	/2012	Amount of Contribution: \$ 2,414	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #2**

Related or Affiliated Entity or Person: SUNNYVIEW REHABILITATION HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 1270 BELMONT AVENUE, SCHENECTADY, NY 12308

Entity's or Person's Phone: 518-382-4500

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/6	/2012	Amount of Contribution:	\$ 1,690	.00
Date Contribution Received:	10	/15	/2012	Amount of Contribution:	\$ 1,690	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/	/	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Single Source #

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$	.00

VI Subjects lobbied:

HEALTH CARE FINANCING, HEALTH CARE BUDGET
ISSUES

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative
Body lobbied:

NYS DEPT. OF HEALTH, NYS GOVERNOR, NYS SENATE
AND ASSEMBLY

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief
description relative to the introduction or intended
introduction of legislation or a resolution on which
you lobbied:

A4002 S2802 A4003A S2308A A4004A S2804A A4005
S2805 A4006 S2806

A4007A S2807A A4008A S2808A A4009A S2809A A4010A
S2810A A4011

S2811A A4012A S2812A A4013 S2813 A8398 S5027 A921

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement
contracts/documents lobbied:

N/A

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of
Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

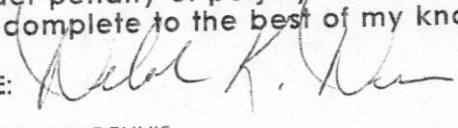
X Subject Matter of and Tribes involved in tribal-state
compacts, etc lobbied:

N/A

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**
I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: JANUARY 15, 2013

PRINT NAME: LAST DENNIS

FIRST DEBORAH

TITLE: SENIOR VICE PRESIDENT, CFO/COO

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.